Finally one wonders if those who oppose a College of Psychiatry fear the impact of dynamic theories of psychiatry (however semi-scientific or speculative these may be)—and feel that they can at least keep these at a distance while psychiatry hides within the more "scientific" Royal College of Physicians.

I myself am rather cynical about the immediate future, so great is the wish for father surrogates on the part of most people and, apparently, psychiatrists in particular—and I fear the "sop" of the changed Membership regulations will sedate further interest.—I am, etc.,

St. Bernard's Hospital, Southall, Middx. R. G. BIRD.

Specialist Qualifications

SIR,—As an early participant in the correspondence under this heading may I join in again briefly?

All of the letters have been interesting, some apposite, and some deluded or ill-informed; a few completely off the point. Too many correspondents persist in the impression that the F.R.C.S. is competitive. Mr. George Qvist (23 May, p. 1376) rightly insists that this is not so in the English College. As a "specialist" examiner who has been privileged to sit in on the deliberations of the General Surgical Court, as well as on the otological assessment, I can declare categorically that each candidate is assessed anonymously and without comparison to the merits of others. Furthermore, where reasonable doubt exists the scale pan of justice tends to descend on the side of the candidate. I know similarly from personal experience that competition does not enter the assessments for the Fellowship of two others of the Royal Surgical Colleges.

I would agree, however, that the Colleges would do well to standardize their requirements and their methods and, if possible, to exchange examiners.—I am, etc.,

Dept. of Otolaryngology, The Radcliffe Infirmary, Oxford. R. G. MACBETH.

SIR,—Those who have been following the correspondence under the heading of "F.R.C.S. in the Specialties," with special reference to the questionable significance of the F.R.C.S. in the United States, may be interested in the status of the F.F.A. R.C.S. over here.

The F.F.A. R.C.S. is the only anaesthesia qualification obtainable outside North America that is accepted by the American Board of Anesthesiologists in lieu of their approved training requirement. This presently stands at three years of approved training plus one year of practice, or two years of training plus four years of practice.

However, anaesthetists with the F.F.A. R.C.S. who arrived in the United States eager to take their American Board's examinations at either the dockside or the airport terminal are reminded that they may find themselves slowed up somewhat by further requirements of the Board—for example, a state licence to practise.—I am, etc.,

Section of Anesthesiology, Mayo Clinic, Rochester, Minn., U.S.A. BRIAN DAWSON.

SIR,—Mr. J. Charnley's criticism (9 May, p. 1249) of the F.R.C.S. examinations will attract much support. Examinations, notoriously subject to widespread criticism, are often blamed for faults which in fact belong to pre- and post-examination teaching. Some of Professor Irvine's (30 May, p. 1437) comments on the primary fellowship are based on this fallacy. For instance, he implies that the primary examination is to blame because in a group of twelve final fellowship students "not one could define a milliequivalent or the meaning of the Hasselbalch equation in interpreting acid–base disorders." A candidate as deficient as this is unlikely to pass the "primary"; more probable is that each one was familiar with the answers to these two problems at the time of the examination. The answers have been forgotten because their importance and application have not been stressed in subsequent teaching but have been treated as part of that "wealth of superficial knowledge about things far removed from him, which he has forgotten within a month" (Professor Irvine's words).

The pattern is only too familiar to those who teach the preclinical sciences. How often is one appalled at the hazy knowledge shown by a fourth or fifth year student of a physiologic principle which was considered simple and basic in the first and second years. Is it fair to attribute this to a weakness in the 2nd M.B.? On the contrary, I and many other preclinical teachers believe that it is through lack of emphasis during the clinical years on "the basic applied physiology of the surgical patients under their care" which results in the student's unfamiliarity with what he learned before the 2nd M.B. Surely the same general principles apply to the primary fellowship and the subsequent amnesia of successful candidates? Most physiologists would I am sure gladly relinquish the burden of examining in "primary," but in this event one cannot but wonder might candidates not be more successful in passing primary without knowing the definition of a milliequivalent?—I am, etc.,

C. C. C. O'MORCHOE.
Trinity College, Dublin 2.

SIR,—Mr. J. Charnley (9 May, p. 1249) is in error when he states that none of his orthopaedic colleagues has taken the opportunity to weigh in and urge a review of the F.R.C.S. examinations. He should be aware that a committee of the British Orthopaedic Association is at present, and has been for the past year, actively engaged in doing just this.

That alterations in the training programmes (if training programmes can be considered to exist at all at the moment) and also alterations in the Fellowship examinations are necessary cannot be doubted, but the alterations favoured by Mr. Charnley would certainly be deplored by the majority of surgeons and incidentally by young men in training.

A man should certainly not "go back" to a study of general surgery during his training in any specialty. He should have completed his study of general surgery in the widest sense before he begins to specialize. I believe that no one would question the necessity for a reasonable knowledge of surgical principles and of the simpler surgical techniques before embarking upon highly specialized training. To test that this standard has been achieved is the object of the F.R.C.S. examinations. If Mr. Charnley will take the trouble to visit at the examination—as is his privilege as a Fellow of the College—he will see for himself that this is true. This standard in surgery is certainly significantly higher than that achieved by those passing the M.B., Ch.B. examinations, and rightly so in the opinion of those who have considerable experience as teachers for, and as examiners in, both examinations. The knowledge and experience required to pass the qualifying examinations is far too low to form a sound foundation for advanced training in the surgical specialties.

What appears to be required is firstly radical alteration in the primary F.R.C.S. examination so that, in order to satisfy the examiners, the candidate should have a sound knowledge of practical anatomy and physiology, instead of an academic knowledge of detailed anatomy and "exotic" physiology. Second, organized training in a wide field of surgery in preparation for the final F.R.C.S. examination, followed by organized post-Fellowship training in individual specialties.

It might be desirable that the completion of such post-Fellowship training should be recognized by an additional diploma awarded not by examination but by reports upon work done and experience gained during this training. Such a diploma would meet the needs of overseas students coming to this country not for general training but for advanced training in the different specialties. It would also be an advantage to our own students in that there would be general agreement as to the point at which full training necessary for consultant status was achieved.

Finally, Sir, Mr. Charnley must now realize from the letters which have already appeared in the *Journal* that his statements that the F.R.C.S. examinations are competitive and the examiners sadists is sheer nonsense.—I am, etc.,

Sheffield 10. F. W. HOLDSWORTH.

Carisoprodol in Cerebral Palsy

SIR,—I am afraid that the writer of the article on "To-day's Drugs" (23 May, p. 1363) discussing the drug carisoprodol has erred in saying ". . . to date there are no published reports of the use of this drug in similar cases in Great Britain." If he had read the review of the action of the drug in *Drug and Therapeutics Bulletin*, 7 February 1964, he would have discovered this. First of all several of us at Sheffield described a double-blind trial of the drug in 1960 (*Spastics Quarterly*, 1960, Vol. 9, p. 34), and secondly Grace Woods investigated the drug at Bristol. In both studies it was found that the drug in the dose recommended by the makers was of no value in the treatment of cerebral palsy. The findings of